

West Valley City Family Fitness Center Triathlon

Return completed entry form and fee (payable to WVCFFC) to:

West Valley City Family Fitness Center, 5415 West 3100 South, West Valley City, Utah 84120

Mailed Entries must be postmarked by August 22, 2016.

No registration on race day and in person registration will be taken at the WVCFFC until 10:00pm on August 25, 2016.

Check in: 6:00-6:30am on August 27th. Standard Division will start at 7:00 AM. Novice will start at 7:30 AM.

Standard Division ☐

Novice Division ☐

Kids-Mini Tri ☐ (12 and under only)

***Estimated Swim Time:** _____

***Required**

Novice-200 Yards, Standard-400 Yards, Kids 50 Yards

Name: (First) _____ (Last) _____ Birth Date ____/____/____

Address: _____ Age on Race day: _____

City, State, Zip: _____ Phone: _____

Sex: (circle one) M / F

(Circle one) Individual or Team

(Teams can be co-ed)

T-Shirt Size: (circle one) YS YM S M L XL 2XL

TEAM REGISTRATIONS PLEASE COMPLETE THE FOLLOWING INFORMATION:

Standard Division ☐ Novice Division ☐

Swimmer

Name: (first) _____ (last) _____

Sex: (circle one) M/ F T-Shirt Size: (circle one) YS YM S M L XL 2XL ***Estimated Swim Time:** _____

Cyclist

Name: (first) _____ (last) _____

Sex: (circle one) M/ F T-Shirt Size: (circle one) YS YM S M L XL 2XL

Runner

Name: (first) _____ (last) _____

Sex: (circle one) M/ F T-Shirt Size: (circle one) YS YM S M L XL 2XL

FEES: Kids Mini-Tri \$20.00 \$ _____

Standard or Novice \$30.00 \$ _____

Team (3 participants max.) \$75.00 \$ _____

Late fee after Aug. 1 \$ 5.00 \$ _____

Extra Breakfast Ticket Number: \$ 5.00 \$ _____

TOTAL DUE: \$ _____

(Participants age 18 and older must sign below. Participants under 18 must have parents sign)

RELEASE, INDEMNIFICATION & HOLD HARMLESS: I, the undersigned, individually and as a parent or legal guardian of the

above-named child/children, hereby recognize and acknowledge that there are inherent hazards and risks connected with the West Valley City Family Fitness Center Triathlon and hereby authorize my child/children to participate in this race. Associated risks may be magnified if I or my child(ren) fails to follow verbal instructions, engages in activities beyond his or her abilities and/or involvement of horseplay of others. Knowing these risks, I believe that the benefits of me and my child(ren)'s participation in this race outweigh any risk associated with this activity. I am aware of the content of the programs listed above and hereby represent that me and my child/children are physically, mentally and emotionally fit and capable of safely participating in such programs and hereby give my consent for such child/children to participate in such programs. I agree as a condition of my participation and such child's/children's participation to release, defend, indemnify and hold West Valley City and its officers, agents, employees and volunteers harmless from and against any and all loss, damage, judgments and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of such child/children and (2) personal injury (including death) or property damage to such child/children, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of West Valley City, its officers, agents, employees or volunteers. I agree to assume a duty to observe, instruct and supervise my child(ren) at this race. In the event any part of this release agreement is declared invalid, the remainder is still valid.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Date: _____ Amt. Paid: _____ Cashier: _____